

Department of Alcoholic Beverage Control

LABEL APPROVAL APPLICATION

State of California
GRAY DAVIS, Governor
Business, Transportation and Housing Agency
MARIA CONTRERAS-SWEET, Secretary

Submit this form to the Department of ABC, Attn: Price Posting, 3810 Rosin Court, Suite 150, Sacramento, CA 95834. Include *original* labels, attached to a separate sheet of paper (*no photocopies or size reductions*). Also include an endorsed copy of your fictitious business name statement, if applicable. (See additional instructions on reverse.)

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|---|---------|---|--|
| 1. MANUFACTURER'S LEGAL NAME | | 2. CALIFORNIA ABC LICENSE NUMBER <input type="checkbox"/> Pending | |
| 3. MANUFACTURER'S ADDRESS (Street number and name, city, state, zip code) | | 4. CERTIFICATE OF COMPLIANCE NUMBER <input type="checkbox"/> Pending | |
| 5. CONTACT PERSON'S NAME | | 6. CONTACT PHONE NUMBER () | |
| 7. IS THE MANUFACTURER OF THE PRODUCT DIFFERENT FROM THE SHIPPER <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete questions #8-11. If No, skip to question #12. | | | |
| 8. SHIPPER'S NAME (As appears on Bill of Lading as Consignor) | | | |
| 9. SHIPPER'S ADDRESS (Street number and name, city, state, zip code) | | | |
| 10. CONTACT PERSON'S NAME | | 11. CONTACT PHONE NUMBER () | |
| 12. IS PRODUCT CONTRACT BREWED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete questions #13-17. If No, skip to question #18. | | | |
| 13. CONTRACTOR'S NAME | | 14. IF IN CA, LICENSE NUMBER <input type="checkbox"/> Pending | |
| 15. CONTRACTOR'S ADDRESS (Street number and name, city, state, zip code) | | | |
| 16. CONTACT PERSON'S NAME | | 17. CONTACT PHONE NUMBER () | |
| 18. IS MANUFACTURER USING A FICTITIOUS BUSINESS NAME ON LABEL <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete questions #19-20. If No, skip to question #21. | | | |
| 19. FICTITIOUS BUSINESS NAME | | | |
| 20. HAS FICTITIOUS BUSINESS NAME STATEMENT BEEN FILED PREVIOUSLY WITH ABC <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 21. PRODUCT INFORMATION | | | |
| PRODUCT BRAND(S) | SIZE(S) | ALCOHOL CONTENT PERCENTAGE (By volume) | |
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| 22. AUTHORIZED SIGNATURE | | 23. DATE SIGNED | |
| FOR ABC USE ONLY | | | |
| <input type="checkbox"/> Label(s) Approved <input type="checkbox"/> Label(s) Disapproved (See reverse for details) | | DATE MAILED | |
| DEPARTMENT SIGNATURE | | | |